

**DECLARATION FOR UTILITY OR** 

**DESIGN** 

PATENT APPLICATION

PTO/SB/01 (10-00)

37262-0003

COMPLETE IF KNOWN

BURTON, Brian

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

(37 CFR 1	ł. <b>63</b> )	Application Nu	mber					
<b></b>	_	Filing Date	July 19,	2001				
☐ Declaration ☐ Submitted OR	Declaration Submitted after Initial Filing (surcharge	Group Art Unit						
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Nam	е					
As a below named inventor, I he								
My residence, mailing address, ar	•							
I believe I am the original, first and names are listed below) of the sul	d sole inventor (if only one bject matter which is claim	name is listed below) ned and for which a pa	or an original, firs tent is sought on t	t and joint inventor (if plural he invention entitled:				
UNIVERSAL MOTOR HEA	AD FOR ELECTRICA	AL SUBMERSIBLE	E PUMP					
the specification of which	(Titl	le of the Invention)						
is attached hereto								
OR  Was filed on (MM/DD/YYYY)	11/19/1999	as United S	tates Application I	Number or PCT International				
	L			(if applicable).				
Application Number PCT/CA S	39/01100] and was am	ended on (MM/DD/YY	YY)					
I hereby state that I have reviewe amended by any amendment spe	d and understand the con ecifically referred to above.	itents of the above ide	ntified specification	n, including the claims, as				
I acknowledge the duty to disclos in-part applications, material infor PCT international filing date of the	e information which is mat mation which became ava e continuation-in-part appl	terial to patentability as allable between the filir lication.	s defined in 37 CF ng date of the prio	R 1.56, including for continuation- r application and the national or				
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	international application was also identified below by	vhich designated at lea	ast one country of	ther than the United States of				
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?				
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Date (	(MM/DD/YYYY)	numbers suppleme	al provisional application are listed on a ental priority data sheet 02B attached hereto.				
	1							

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

The state of the s

Plèase type a plus sign (+) inside this box 

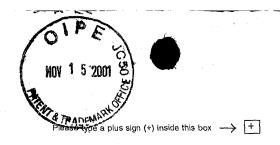
+ Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: 1 1	Customer Num or Bar Code La				OR 🛚	Coi	rrespondence address below
Name Adams Cassan Maclear	n						
Address Suite 401 - 80 Aberdeel	n Street						
Address		-					
Ottawa City				Ontar State	rio	- 1	K2H 7T8 :IP
Canada Country	1	Telepho		238-64	104	F	(613) 230-8755 Fax
I hereby declare that all statements mad are believed to be true; and further that made are punishable by fine or imprisor validity of the application or any patent is	t these statem nment, or both	nents w h, unde	were made wi	ith the kr	nowledge that	willful 1	false statements and the like so
NAME OF SOLE OR FIRST INV	ENTOR:		X	A petit	ion has beer	n filed	for this unsigned inventor
Given Name BRIAN (first and middle [if any])				Family or Surn			BURTON
Inventor's Signature	3_	<u>~</u>	Management of the state of the				Date AUG. 01/01
Residence: City	Ontario Canada Canadian						
30 Knight Street, Mailing Address	P.O. Box 4	15	· .				
Mailing Address							
Wahnapitae City	Ontari State	io		P( <b>ZIP</b>	OM 3C0		Canada Country
NAME OF SECOND INVENTOR:				A petit	ion has bee	n filed	I for this unsigned inventor
Given Name STUART C. (first and middle [if any])				Family I or Surn	Name WHIT	BREA	AD
Inventor's Signature							Date
Tofield Residence: City			Albert State	a	Canada Country		GB Citizenship
Mailing Address Site 8, RR2, P.O. Box 46							
Mailing Address							
City Tofield	Alber State	rta		ZIP TO	B 4J0		Canada Country
☐ Additional inventors are being named	on the s	upplem	nental Addition	nal Inver	itaria) chaptic)	PTO/S	SB/02A attached hereto



PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR		Attorney Doc	ket Number					
			First Named	Inventor	BURTON, Brian			
			COMPLETE IF KNOWN					
	(37 CFR 1	.63)	Application N	umber				
	□ Declaration □	L Dandaustina	Filing Date	July	19, 2001			
	☐ Declaration ☐ Submitted OR	Submitted after Initi	ial Group Art Uni	t				
	with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Na	ne				
	A 5 - 1							
	As a below named inventor, I he				•			
	My residence, mailing address, an							
	I believe I am the original, first and names are listed below) of the sub	l sole inventor (if only or oject matter which is cla	ne name is listed belov imed and for which a p	<ul> <li>v) or an original atent is sough</li> </ul>	I, first and joint inventor (if plural con the invention entitled:			
	UNIVERSAL MOTOR HEA		AL CUDMEDOID	E DUMD				
	DIVIVERSAL WOTOR HEA			E PUMP				
	the specification of which	(1	Title of the Invention)					
	is attached hereto							
	OR  as United States Application Number or PCT International  was filed on (MM/DD/YYYY) 11/19/1999							
	Application Number PCT/CA 99/01100 and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
	I acknowledge the duty to disclose in-part applications, material inforr PCT international filing date of the	e information which is m nation which became a continuation-in-part ap	naterial to patentability vailable between the fi plication.	as defined in 3 ling date of the	7 CFR 1.56, including for continuation- prior application and the national or			
	certificate, or 300(a) of any PCT I	nternational application also identified below.	which designated at I by checking the box	east one coun any foreign a	plication(s) for patent or inventor's try other than the United States of pplication for patent or inventor's n on which priority is claimed.			
	Prior Foreign Application Number(s)	Country	Foreign Filing Dat (MM/DD/YYYY)	e Priority Not Claim	Certified Copy Attached?			
	·							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
	Application Number(s)	Filing Date	e (MM/DD/YYYY)	num supp	itional provisional application bers are listed on a blemental priority data sheet I/SB/02B attached hereto.			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





PEO/SB/01 (10-00)

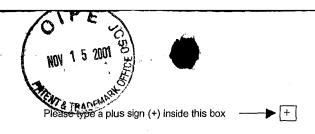
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**— Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below							
Name Adams Cassan Maclean							
Address Suite 401 - 80 Aberdeen St	reet						
Address						`. ·	
Ottawa <b>City</b>			Ontar State	io		K2H 7T8 <b>ZIP</b>	
Canada Country	Telephon	. ,	238-64	04		(613) 230-8755 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENT	OR:	X	A petiti	on has l	oeen fil	led for this unsigned inventor	
Given Name BRIAN (first and middle [if any])			Family I			BURTON	
Inventor's Signature				OK	L	Date	
Residence: City		Onta State		Country	nada	Canadian -Citizenship	
30 Knight Street, P.O. Box 415  Mailing Address							
Mailing Address							
Wahnapitae State	Ontario e		P0 <b>ZIP</b>	M 3C0		Canada Country	
NAME OF SECOND INVENTOR:		Z	A petiti	on has l	oeen fi	led for this unsigned inventor	
Given Name STUART C. Family Name WHITBREAD or Surname							
Inventor's Signature CAX Date 4/11/01							
Tofield Residence: City		Alber State	ta	Cana Country		GB Citizenship	
Mailing Address Site 8, RR2, P.O. Box 46							
Mailing Address							
City Tofield State	Alberta		ZIP TO	B 4J0		Canada Country	
Additional inventors are being named on th		ntal Additio		or(s) she	et(s) PT	O/SB/02A attached hereto.	



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	July 19, 2001
First Named Inventor	BURTON, Brian
Group Art Unit	
Examiner Name	
Attorney Docket Number	37262-0003

Practitioners at Customer Number  OR    Practitioner(s) named below:    Name	I hereby appoint:						
Name   Registration Number   Thomas Adams   Jain 1078   Lynn S. Cassan   Jain 1078   Lynn S. Cassan Maclean   Lynn S. Cassan Macl	Practitioner	· 1	· · · · · · · · · · · · · · · · · · ·				
Name Registration Number Thomas Adams 131078 Lynn S. Cassan P. Scott Maclean 32378 P. Scott Maclean 39543  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  X Firm or Individual Name Address Suite 401 - 80 Aberdeen Street Address City Ottawa State Ontario Zip K1S 5R5 Country Canada Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record Name BURTON, Brian Signature Suited the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature, see below.		Lai	bel here				
Thomas Adams Lynn S. Cassan P. Scott Maclean  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  X Firm or Individual Name Address Address Address Address City Ottawa State Ontario Zip K1S 5R5 Country Canada Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian Signature August of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature la required, see below.							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  X Firm or Individual Name Address Suite 401 - 80 Aberdeen Street  Address Address City Ottawa State Ontario Zip K1S 5R5  Country Canada  Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian  Signature Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					umber		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  X Firm or Individual Name Address Address Suite 401 - 80 Aberdeen Street Address City Ottawa State Ontario Zip K1S 5R5  Country Canada Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian  Signature Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  X Firm or Individual Name Address Address City Country Canada Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian Signature Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  X Firm or Individual Name Address Address City Country Canada Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian Signature Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				<del></del>			
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  X Firm or Individual Name Address Address City Country Canada Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian Signature Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Adams Cassan Maclean Individual Name  Address  Suite 401 - 80 Aberdeen Street  Address  City  Canada  Telephone  (613) 238-6404  Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  BURTON, Brian  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					o transact all		
The above-mentioned Customer Number.  OR  Adams Cassan Maclean Individual Name  Address  Suite 401 - 80 Aberdeen Street  Address  City  Canada  Telephone  (613) 238-6404  Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  BURTON, Brian  Signature  Date  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	business in the Ur	nited States Patent and Trademark	Office connecte	d therewith.			
Address Suite 401 - 80 Aberdeen Street  Address Suite 401 - 80 Aberdeen Street  Address City Ottawa State Ontario Zip K1S 5R5  Country Canada  Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian  Signature Date A Country Canada  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			bove-identified a	pplication to:			
Address  Address  City  Country  Canada  Telephone  (613) 238-6404  Fax  (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  BURTON, Brian  Signature  Date  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR						
Address Suite 401 - 80 Aberdeen Street  Address City Ottawa State Ontario Zip K1S 5R5  Country Canada Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  x Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian  Signature Date Ruccional Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	1 /						
City Ottawa State Ontario Zip K1S 5R5  Country Canada  Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian  Signature Date Auchieus Signature is required, see below*.		Suite 401 - 80 Aberdeen Str	eet		<del></del>		
Country Canada Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian Signature Date  Date  RUCCOUNTY  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address						
Telephone (613) 238-6404 Fax (613) 230-8755  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name BURTON, Brian  Signature  Date Augustus of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City	Ottawa	State	Ontario	Zip K1S 5R5		
I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  BURTON, Brian  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  BURTON, Brian  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone	(613) 238-6404	Fax	(613) 230-8755			
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  BURTON, Brian  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:						
SIGNATURE of Applicant or Assignee of Record  Name  BURTON, Brian  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	X Applicant/Inventor.						
Name  BURTON, Brian  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		SIGNATURE of Applicant	or Assignee of R	ecord			
Date  Ruce of location  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name E	BURTON, Brian					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature	3mi Dex					
forms if more than one signature is required, see below*.	Date						
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						



PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	July 19, 2001
First Named Inventor	BURTON, Brian
Group Art Unit	
Examiner Name	
Attorney Docket Number	37262-0003

I hereby appoint:		1		7			
OR	Customer Number		Place Customer Number Bar Code Label here				
Practitioner(s) na							
	Name		tion Number				
Thomas Ada Lynn S. Cass			078	_			
P. Scott Mac		Control of the last of the las	2378	?			
	iouii			)			
as my/our attorney(s) o business in the United	r agent(s) to prosecute the application States Patent and Trademark Office co	identified above,	and to transact all h.				
	espondence address for the above-ider ed Customer Number.	ntified application	to:				
X Firm or	Adams Cassan Maclean						
Individual Name Address	Suite 401 - 80 Aberdeen Street						
Address	A CONTRACTOR CONTRACTO						
City	Ottawa	State Ontario	Zip K1S 5R5	<del></del>			
Country	Canada	State	T ZID TICTO ONO	- Carlo Carlo Anna Carlo			
Telephone	(613) 238-6404	Fax (613) 230-	8755				
I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
	SIGNATURE of Applicant or Assign	ee of Record					
Name WHITBE	READ, Stuart C.						
Signature	MA .	***************************************	······································				
Date 4 11	701						
NOTE: Signatures of all the invent forms if more than one signature is	tors or assignees of record of the entire interest sequired, see below*.	or their representative	e(s) are required. Submit m	ultiple			
□ *Total of 2forr	ns are submitted.						